

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013 | | 220131.42 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 334484.29 | |
| (c) Total Receipts (from Line 19) | 46747.40 | 166100.27 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 381231.69 | 386231.69 |
| 7. Total Disbursements (from Line 31) | 89500.00 | 94500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 291731.69 | 291731.69 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
03 01 2013

To:

M M / D D / Y Y Y Y Y
03 31 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

35978.10

96155.86

(ii) Unitemized

10769.30

69944.41

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

46747.40

166100.27

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

46747.40

166100.27

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

46747.40

166100.27

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

46747.40

166100.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 89500.00 | 94500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 89500.00 | 94500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 89500.00 | 94500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 46747.40 | 166100.27 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 46747.40 | 166100.27 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159812829934

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Pres UHG Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159814729934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK J ERLANDSON

Mailing Address 1000 OLD LONG LAKE ROAD

City

WAYZATA

State

MN

Zip Code

55391-9690

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159815929934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

889.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City
WOODBURY

State Zip Code
MN 55125-9138

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP UnitedHlthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1159816429934

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City
WAYZATA

State Zip Code
MN 55391-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1159816629934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City
WAYZATA

State Zip Code
MN 55391-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1159816929934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

704.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 84
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1159817429934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424-1113

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

679.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1159817929934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220-1909

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1159819129934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

394.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. REED V TUCKSON M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159819829934

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159821529934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD J MIGLIORI

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1159827429934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

546.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1159830029934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JACK E SHUFF

Mailing Address 360 ASPEN LANE

City

COVINGTON

State

LA

Zip Code

70433-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1159830529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JILL WINTERS

Mailing Address 16 SPOEDE LN

City

SAINT LOUIS

State

MO

Zip Code

63141-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1159840429934

Amount of Each Receipt this Period

108.00

P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

570.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City
MCLEAN

State Zip Code
VA 22102-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1332013229934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT J BOHNENKAMP

Mailing Address 4925 WOODS COURT

City
GREENWOOD

State Zip Code
MN 55331-9291

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1551005629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City
LONG LAKE

State Zip Code
MN 55356-9690

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Recruiting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1551161329934

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1551161429934

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1554323529934

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL RADU

Mailing Address 42820 VIOLA CT

City

LEESBURG

State

VA

Zip Code

20176-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

COO Collaborative Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR1554324529934

Amount of Each Receipt this Period

108.00

P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

338.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City
PRIOR LAKEState
MNZip Code
55372-1834FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1575957629934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City
NEW HOPEState
PAZip Code
18938-5622FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Plan Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1575958129934

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City
EDINAState
MNZip Code
55424-1514FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Lif Scis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR1575958529934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

923.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55405-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1580864729934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City

EDINA

State

MN

Zip Code

55424-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1580865329934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City

VICTORIA

State

MN

Zip Code

55386-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Human Capital Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596304129934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

784.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **THAD C JOHNSON**

Mailing Address 16848 STIRRUP LN

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596304329934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **GAYE ADAMS MASSEY**

Mailing Address 3801 ABBOTT AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55410-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596304529934

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **JAY S MATUSHAK**

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3749

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596304629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

508.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City
MINNEAPOLIS

State Zip Code
MN 55401-1591

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596304929934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL J SCHUMACHER

Mailing Address 11582 RASPBERRY HILL ROAD

City
EDEN PRAIRIE

State Zip Code
MN 55344-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596305429934

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City
TAMPA

State Zip Code
FL 33606-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596306929934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

383.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City
EDINA

State
MN

Zip Code
55424-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596307029934

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City
TAMPA

State
FL

Zip Code
33618-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596309729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City
SILVER SPRING

State
MD

Zip Code
20905-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1596317429934

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

448.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID C STURKEY

Mailing Address 1625 CONE FLOWER WAY

City

SUWANEE

State

GA

Zip Code

30024-8576

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1596318429934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1600597329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP GM PCM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1600598529934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

356.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City State Zip Code
 EDINA MN 55424-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Clin Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1600598729934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City State Zip Code
 EXCELSIOR MN 55331-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Bus Segment CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1602669929934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code
 EDEN PRAIRIE MN 55347-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR1613243529934

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

592.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR1653443229934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SB RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR1653444329934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
WAYZATA MN 55391-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR1653445229934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

884.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ELIZABETH DARCIE D. CORBIN

Mailing Address 7985 LEA CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR166943229934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. MILES S SNOWDEN

Mailing Address 3412 KNOLLWOOD DRIVE

City

ATLANTA

State

GA

Zip Code

30305-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Med Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1746717829934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1806444729934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

664.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAUL M EMERSON

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code
PRIOR LAKE MN 55372-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1806750329934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City State Zip Code
DRIGGS ID 83422-4874

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1903550729934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR1903578129934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

392.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1903591129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN C SANTELLI

Mailing Address 20030 EXCELSIOR BLVD

City

EXCELSIOR

State

MN

Zip Code

55331-8727

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR1903622029934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620-0204

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2119468129934

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

662.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 24 OF 84
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

| | | |
|------------------|-------|------------|
| City | State | Zip Code |
| HUNTINGTON BEACH | CA | 92648-6710 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119470329934

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| SAN CLEMENTE | CA | 92673-7044 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119476729934

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SAMUEL W HO

Mailing Address 4220 OCEAN DR

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| MANHATTAN BEACH | CA | 90266-3059 |

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119477929934

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

769.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN D JONES

Mailing Address 3562 REDWOOD

City State Zip Code
IRVINE CA 92606-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2119479229934

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code
GREENSBORO NC 27408-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Ntwks

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2119486729934

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City State Zip Code
TUCSON AZ 85718-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
M R Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2119486829934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

662.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 26 OF 84
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHERYL TANIGAWA MD

Mailing Address 5598 NAPLES CANAL

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| LONG BEACH | CA | 90803-4018 |

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119491129934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEVEN M TUCKER

Mailing Address 12331 COUNTRY LANE

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| SANTA ANA | CA | 92705-3330 |

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119492029934

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| KAUKAUNA | WI | 54130-7809 |

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2119492629934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

372.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. FORREST G BURKE

Mailing Address 380 LEAF STREET

City
ORONOState
MNZip Code
55356-9733FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2133132429934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BROR O HULTGREN

Mailing Address 408 22ND ST

City
GOLDENState
COZip Code
80401-2452FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2133133229934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City
EDINAState
MNZip Code
55436-2530FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2133133629934

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

346.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City
DES PLAINES

State Zip Code
IL 60016-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2133133829934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City
MINNEAPOLIS

State Zip Code
MN 55419-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Financial PIng Anlys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2133134229934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City
WESTERVILLE

State Zip Code
OH 43082-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2145728429934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

847.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **ROB FARAHANI**

Mailing Address PO BOX 704

City
HUNTINGTON

State Zip Code
NY 11743-0704

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir IT Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2145728529934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **MICHAEL P SCHWARZ**

Mailing Address 13935 WOODRIDGE PATH

City
SAVAGE

State Zip Code
MN 55378-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2145729729934

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **DANNETTE L SMITH**

Mailing Address 5414 BYSCANE LANE

City
MINNETONKA

State Zip Code
MN 55345-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2145729929934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

532.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARGARET W WEAR

Mailing Address 44 TOPANGA

City State Zip Code
 IRVINE CA 92602-2422

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2145730229934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
 IRVINE CA 92603-0212

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2162867629934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City State Zip Code
 NEW HOPE MN 55427-2622

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Strat Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2225166729934

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

715.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City State Zip Code
 EDINA MN 55436-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2225167429934

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code
 FARMINGTON CT 06032-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2225813629934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
 PRIOR LAKE MN 55372-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Chief Accting Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2225819329934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City
NAPERVILLE

State
IL

Zip Code
60540-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2225819629934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROY THOMAS SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City
COLORADO SPRINGS

State
CO

Zip Code
80921-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2225819729934

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City
INDIANAPOLIS

State
IN

Zip Code
46256-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Rule Financial Corp.

Occupation
Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2231347229934

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DARRELL S RICHEY

Mailing Address 10823 MOORS END CIRCLE

City
FISHERS

State
IN

Zip Code
46038-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golden Rule Financial Corp.

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2231352329934

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City
SAINT PAUL

State
MN

Zip Code
55116-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2247625829934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City
WHITE PLAINS

State
NY

Zip Code
10605-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2247626829934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code
 MINNETRISTA MN 55364-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2247627029934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code
 COS COB CT 06807-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2247627329934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City State Zip Code
 WEST SIMSBURY CT 06092-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2247627429934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

308.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 84
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City
PLYMOUTHState
MNZip Code
55447-3457FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2247627629934

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SANJAY GARODIA

Mailing Address 282 MIDDLEDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

COO IBS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2247627829934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2259738429934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

386.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER L CRONN

Mailing Address 1001 CONGRESS
SUITE 300

City State Zip Code
AUSTIN TX 78701-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR2270522929934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SIMON L STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55403-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR2364863229934

Amount of Each Receipt this Period

217.40

P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City State Zip Code
WASHINGTON DC 20008-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Rsch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : PR2402315929934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

394.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DIANE D SOUZA

Mailing Address 360 STANLEY DRIVE

City State Zip Code
 GLASTONBURY CT 06033-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 CEO Spclty Bens

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2402320029934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LORI SWEERE LILIENTHAL

Mailing Address 11826 GERMAINE TERRACE

City State Zip Code
 EDEN PRAIRIE MN 55347-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 EVP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2402320229934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SHELLEY WIKE CRANLEY

Mailing Address 3801 MAURICE COURT

City State Zip Code
 LAS VEGAS NV 89108-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2402444429934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

970.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMES H BECKER

Mailing Address 378 FERNDALE ROAD WEST

City State Zip Code
 WAYZATA MN 55391-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.95

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2402445129934

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City State Zip Code
 EAGAN MN 55123-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Empl Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2402445229934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES D DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City State Zip Code
 FRISCO TX 75034-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Bus Dev Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2402445329934

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

637.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2402445629934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOY O HIGA

Mailing Address 2208 ELM AVENUE

City State Zip Code
MANHATTAN BEACH CA 90266-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2402446229934

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SOHINI G JINDAL

Mailing Address 9300 IVY TREE LANE

City State Zip Code
GREAT FALLS VA 22066-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2402446329934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

646.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City
EDINA

State
MN

Zip Code
55424-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2402446429934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gov't Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2405428829934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RODNEY CHARLES ARMSTEAD

Mailing Address 406 LEWELEN CIRCLE

City

ENGLEWOOD

State

NJ

Zip Code

07631-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2405430229934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

664.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PETER H WALSH

Mailing Address 495 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2405431129934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GAIL KOZIARA KOZIARA BOUDREAUX

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Gr Pres UHC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2437119529934

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID K LIVINGSTON

Mailing Address 24570 RIDGE POLE COURT

City

SOUTH LYON

State

MI

Zip Code

48178-8297

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Plan Pres

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2437120229934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

772.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443-1754

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2437120729934

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KELLY L CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
 ROSEMOUNT MN 55068-3561

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2437121329934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code
 WOODBURY MN 55129-4282

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2437121529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

274.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **PETER W RAINEY**

Mailing Address 3115 WEST 47 STREET

City

MINNEAPOLIS

State

MN

Zip Code

55410-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2437127529934

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **ROBIN E LIPPERT**

Mailing Address 522 4 STREET SOUTH EAST

City

WASHINGTON

State

DC

Zip Code

20003-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2439928029934

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **STEPHEN M HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2444265729934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

814.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI C MCDOUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City
EXCELSIOR

State Zip Code
MN 55331-9351

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO UMVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2445015329934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARK J DUHAIME

Mailing Address 5781 RUBY DRIVE

City
TROY

State Zip Code
MI 48085-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2445016929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARIN KEITEL

Mailing Address 3918 HAVEN ROAD

City
MINNETONKA

State Zip Code
MN 55345-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2460167629934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

562.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LARRY C RENFRO

Mailing Address 5 DOVE LANE

City
ANDOVER

State
MA

Zip Code
01810-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UHG CEO Optum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2460168129934

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City
PLYMOUTH

State
MN

Zip Code
55441-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Compli Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2460168229934

Amount of Each Receipt this Period

77.00

P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City
WEST BLOOMFIELD

State
MI

Zip Code
48324-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2463723129934

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SUE SCHICK

Mailing Address 714 GREYTHORNE ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2480620529934

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City

BLUE BELL

State

PA

Zip Code

19422-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2484542129934

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK A PHILLIPS

Mailing Address 1760 LUCY RIDGE CT

City

CHANHASSEN

State

MN

Zip Code

55317-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2484542629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

388.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City State Zip Code
CINCINNATI OH 45255-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2486697829934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS B MANDERFELD

Mailing Address 4835 PENN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55419-5258

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2486697929934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City State Zip Code
BURNSVILLE MN 55337-4791

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2491457029934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

380.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City State Zip Code
 CHICAGO IL 60611-7435

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2491457529934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KARA V SMITH

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code
 ALEXANDRIA VA 22302-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.95

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2540175329934

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HYLLIUS R EDWARDS

Mailing Address PO BOX 44246

City State Zip Code
 DENVER CO 80201-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2541300429934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

601.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN VERSAGGI

Mailing Address 800 ALBANY AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22302-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2541300829934

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN F DOHERTY

Mailing Address 5338 SPILMAN AVENUE

City

SACRAMENTO

State

CA

Zip Code

95819-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2542024529934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRENDAN HOSTETLER

Mailing Address 3643 N SEELEY AVENUE
 #2

City

CHICAGO

State

IL

Zip Code

60618-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2542541929934

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

352.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 50 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD E RAMSAY

Mailing Address 543 E LURAY AVE

City State Zip Code
 ALEXANDRIA VA 22301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2542542229934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. IPYANA SPENCER

Mailing Address 4226 40TH STREET NORTH

City State Zip Code
 ARLINGTON VA 22207-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2542542329934

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHANTA G COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City State Zip Code
 TALLAHASSEE FL 32311-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2552313529934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

236.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEANNE M PACE

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552313729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEREMY VAUGHN BRYANT

Mailing Address 11700 ARBORHILL DRIVE

City

ZIONSVILLE

State

IN

Zip Code

46077-9683

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552961329934

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SCOTT F FLANNERY

Mailing Address 8508 TRELADY CT

City

PLANO

State

TX

Zip Code

75024-6827

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552962329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

226.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CLAIRE L HANNAN

Mailing Address 25932 PORTAFINO DRIVE

City State Zip Code
MISSION VIEJO CA 92691-5716

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552962729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GREGORY J JAMES

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code
LARGO FL 33774-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552963229934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JARRETT T JEDLICKA

Mailing Address 554 SPRUCE ST

City State Zip Code
EAGAN MN 55123-4914

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2552963329934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

236.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS D SCIUTO

Mailing Address 160 ACORN LANE

City

MILFORD

State

CT

Zip Code

06461-1876

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2552966129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BARRY R STREIT

Mailing Address 5421 KELLOGG AVENUE

City

EDINA

State

MN

Zip Code

55424-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Medicr Field Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2552966729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MONICA L RAYBURN

Mailing Address 688 WEST SYCAMORE

City

VERNON HILLS

State

IL

Zip Code

60061-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2553475129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD D THOMAS

Mailing Address 5121 DUPONT AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55419-1151

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2553475429934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City

EDINA

State

MN

Zip Code

55424-1304

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2553475529934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARSTEN S FLAGSTAD

Mailing Address 13420 JAY ST NW

City

ANDOVER

State

MN

Zip Code

55304-4015

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2554013029934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL J CLUTE

Mailing Address 7756 N 85TH STREET

City State Zip Code
 OMAHA NE 68122-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2560064429934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CRAIG W GAGE

Mailing Address 5724 EAGLEMOUNT CIRCLE

City State Zip Code
 LITHIA FL 33547-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2560064729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DONALD J GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City State Zip Code
 LAS VEGAS NV 89135-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Plan of Nevada

Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2560064929934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

658.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JERI L JONES

Mailing Address 512 W ORANGEWOOD AVE

 City
 PHOENIX

 State
 AZ

 Zip Code
 85021-7252

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560065129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHELDON LIPPMAN

Mailing Address 55 CLIFFFIELD ROAD

 City
 BEDFORD

 State
 NY

 Zip Code
 10506-1210

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560065429934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANGELA L LOBERG

Mailing Address 2837 EAST PARK PLACE

 City
 MILWAUKEE

 State
 WI

 Zip Code
 53211-3845

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 SB VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560065529934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

466.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY D LUCHT

Mailing Address 191 MAIN ST

City State Zip Code
 S GLASTONBURY CT 06073-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Act Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560065629934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID MILICH

Mailing Address 2702 BIRCHMERE COURT

City State Zip Code
 KATY TX 77450-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560066029934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY J NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2560398829934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMES CRONIN

Mailing Address 20700 DELTA DRIVE

City

GAITHERSBURG

State

MD

Zip Code

20882-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2560821129934

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BRIAN W LUND

Mailing Address 464 EAST NORTH AVE

City

GRANTSBURG

State

WI

Zip Code

54840-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2561457629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LARRY W CAVANAUGH

Mailing Address 520 NE 20TH ST # 1010

City

WILTON MANORS

State

FL

Zip Code

33305-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2563211029934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

232.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHLEEN R CRAMPTON

Mailing Address 2335 SOUTH OCEAN BLVD B5

City

PALM BEACH

State

FL

Zip Code

33480-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Plan Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR256321129934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JENNIFER F WALSH

Mailing Address 3116 4TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22201-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2564296829934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW C MACKENZIE

Mailing Address 1912 IRVING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55403-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2564297129934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

594.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 84
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEPHEN E SWANSON

Mailing Address 3001 HUNTINGTON COURT

| | | |
|------|-------|------------|
| City | State | Zip Code |
| KATY | TX | 77493-1159 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2564297329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. HARVEY J BALTHASER

Mailing Address 11417 ARCHSTONE DR

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| AUSTIN | TX | 78739-1907 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2564297529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL DANIEL HANSEN

Mailing Address 18430 62ND PLACE NORTH

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| MAPLE GROVE | MN | 55311-4585 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Controller Mkt Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2013 |

Transaction ID : PR2564802729934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ELIZABETH D MORAN

Mailing Address 2231 BENT TREE LANE

City State Zip Code
MENDOTA HEIGHTS MN 55120-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Chief Compliance/Ethics Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2564803129934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KATHERINE L KENNY

Mailing Address 22408 FITZGERALD DRIVE

City State Zip Code
LAYTONSVILLE MD 20882-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2564803229934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL O MARDEN

Mailing Address 718 HICKORY HILL RD

City State Zip Code
FRANKLIN LAKES NJ 07417-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2564803329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WILLIAM T MCENERY

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55405-2507

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2564803629934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
 BROOKEVILLE MD 20833-3265

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SB VP SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2564803929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55416-4350

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2564804029934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

472.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHRYN S RUBIN

Mailing Address 310 SYCAMORE LANE

City
PLYMOUTH

State Zip Code
MN 55441-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Social Resp/Pres Found

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2564804329934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JARROD A FORBES

Mailing Address 2121 PARK FOREST DRIVE

City
CHESTERFIELD

State Zip Code
MO 63017-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2564804529934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT EDWARD CLARK

Mailing Address 3220 XANTHUS LANE NORTH

City
PLYMOUTH

State Zip Code
MN 55447-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2567129629934

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

313.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WENDY D ARNONE

Mailing Address N62W13531 SUNBRUST DRIVE

City State Zip Code
 MENOMONEE FALLS WI 53051-8335

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2568900529934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KENDALL B MARSH

Mailing Address N72 W24078 CRAVEN DR

City State Zip Code
 SUSSEX WI 53089-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SB Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2568900629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MATTHEW H STEARNS

Mailing Address 5131 MASSACHUSETTS AVENUE

City State Zip Code
 BETHESDA MD 20816-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2571777929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRUCE E MOYER

Mailing Address 18426 MAGENTA BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2571778329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD A ELLIOTT

Mailing Address 715 WOODSCAPE TRAIL

City

ALPHARETTA

State

GA

Zip Code

30022-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2572588829934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY P DEAN

Mailing Address W5912 DEAN ROAD

City

TOMAHAWK

State

WI

Zip Code

54487-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2572589429934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

236.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEVIN JAMES CARLSON

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City State Zip Code
 EDINA MN 55424-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2572590029934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THERESA M CLARKE

Mailing Address 16652 1/2 GRAND AVE

City State Zip Code
 BELLFLOWER CA 90706-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2572591129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS P WIFFLER

Mailing Address 1421 SOMERFIELD DRIVE

City State Zip Code
 BOLINGBROOK IL 60490-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2013

Transaction ID : PR2572992729934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 84

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J MCGINNITY

Mailing Address 903 MCINDOE ST

City
WAUSAUState
WIZip Code
54403-4976FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2573519029934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN C SICKELS

Mailing Address 1706 TALL OAKS

City
WAUSAUState
WIZip Code
54403-8118FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

TPA NA VP Sls AM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2573519129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANITA Q MESSAL

Mailing Address 16935 41ST AVE N

City
PLYMOUTHState
MNZip Code
55446-2360FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2573877029934

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

281.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMIE BURNETT

Mailing Address 4625 EWING AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2574988229934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LORI A VAN HOLMES

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575030929934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CARY J MCCARTY

Mailing Address 8800 RUMFIELD RD

City State Zip Code
 NORTH RICHLAND HILLS TX 76182-6131

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575059429934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT G CASSANO

Mailing Address 8113 BANDOLEER CT

City
LAS VEGAS

State Zip Code
NV 89131-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of Nevada

Occupation
Dir Prov Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2575164429934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL PATRICK STAMM

Mailing Address 6721 MOSSY GLEN DR

City
FORT MYERS

State Zip Code
FL 33908-4771

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2575194629934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HOWARD CHARLES GILPIN JR

Mailing Address 1210 SHEPARD DRIVE

City
BLUE BELL

State Zip Code
PA 19422-3481

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Act Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2013

Transaction ID : PR2575224929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

358.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN J ESSLINGER

Mailing Address 4944 W 151ST TERRACE

City
LEAWOOD

State Zip Code
KS 66224-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Sr Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575288929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID W WALSH

Mailing Address 2158 CARROLL AVENUE

City
SAINT PAUL

State Zip Code
MN 55104-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575312729934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY A GOLDBERG

Mailing Address 3410 BRADLEY LANE

City
CHEVY CHASE

State Zip Code
MD 20815-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575326929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 84
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J TELESKY

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben KA SB RVP SIs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2575350929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JERI L LOSE

Mailing Address 9995 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2575419829934

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL B HEBERT

Mailing Address 54 GREENWOOD DRIVE

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2957

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Spclty Bens Dntl

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2575522329934

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

528.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **MICHAEL PETEROY**

Mailing Address 1952 NORTHSTAR WAY
APT 325

City State Zip Code
SAN MARCOS CA 92078-0956

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Bus Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575585629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **TERRENCE M CLARK**

Mailing Address 8 COOPER AVENUE

City State Zip Code
EDINA MN 55436-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575636929934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **NANCY J SUBLETTE**

Mailing Address 445 CLARA
#24

City State Zip Code
SAINT LOUIS MO 63112-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
PS Dir Strat Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2575646929934

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

372.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RONALD MICHAEL GONG

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code
 HACIENDA HEIGHTS CA 91745-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 M R Sls Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575651529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CARL E ALLEN

Mailing Address 8675 AZURE SKY DRIVE

City State Zip Code
 LAS VEGAS NV 89129-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southwest Medical Assoc. Inc.

Occupation
 Phys Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575669329934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CARLOS E ADAME

Mailing Address 42584 WHISTLE COURT

City State Zip Code
 TEMECULA CA 92592-7105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575755429934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **DARREL A FARKUS**

Mailing Address 15 WHITE OAK DRIVE

City
 ASBURY

State Zip Code
 NJ 08802-1155

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575797529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **LAURIE ERIN RUSSELL**

Mailing Address 3108 SONIA DRIVE

City
 LAS VEGAS

State Zip Code
 NV 89107-3246

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575812129934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **EDWARD JOHN SKOPAS**

Mailing Address 43 JOEL DR

City
 HEBRON

State Zip Code
 CT 06248-1245

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575842729934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

234.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICK J LANGAN

Mailing Address 405 MEADOW LANE

City
BENSON

State
MN

Zip Code
56215-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575885029934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL W MEDEIROS

Mailing Address 7112 LANGMUIR DRIVE

City
MCKINNEY

State
TX

Zip Code
75071-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575930629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARC T SALINAS

Mailing Address 1630 ROCK RIDGE DRIVE

City
PROSPER

State
TX

Zip Code
75078-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 31 / 2013

Transaction ID : PR2575967929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JUDITH GAGER PERLMAN

Mailing Address 116 CANTERBURY LANE
 PO BOX 2108

City State Zip Code
 VINEYARD HAVEN MA 02568-5659

FEC ID number of contributing
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575968929934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARK LEENAY

Mailing Address 6940 338TH LANE NW

City State Zip Code
 PRINCETON MN 55371-5007

FEC ID number of contributing
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2575982829934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARC R BRIGGS

Mailing Address 1608 RED TREE CT

City State Zip Code
 DRAPER UT 84020-7704

FEC ID number of contributing
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2013

Transaction ID : PR2576001629934

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

236.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RESTOR JOHNSON

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code
 MINNETONKA MN 55305-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2576051629934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN F REX

Mailing Address 503 HARRINGTON ROAD

City State Zip Code
 WAYZATA MN 55391-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2576060029934

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHANDRA LUE TORGERSON

Mailing Address 5433 10TH AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55417-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : PR2576128629934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

658.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 84
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. TERRI M JACQUE

Mailing Address 10508 MORNING DROP AVE

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| LAS VEGAS | NV | 89129-3223 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Assc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2576132429934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN E FRIDNER

Mailing Address 782 PENFIELD DR

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| CAROL STREAM | IL | 60188-4738 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2576147529934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID W BROWN

Mailing Address 553 CAMBRIDGE ROAD

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| TURNERSVILLE | NJ | 08012-1427 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 3 | | |

Transaction ID : PR2576158829934

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 84

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL J KENIRY

Mailing Address 5553 LITTLE FALLS ROAD

City
ARLINGTON

State Zip Code
VA 22207-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gov't Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2013

Transaction ID : PR2577379329934

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

194.00

35978.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 84

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Senatorial Campaign CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : 35901718

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Contribution

Full Name (Last, First, Middle Initial)

B. Empire Political Action Committee

Mailing Address PO Box 15033

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Contribution

011

Candidate Name

Empire Political Action CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : 35901722

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Congressional CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : 35901723

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 32500.00 |
|----------|

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 84

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Common Sense Colorado

Mailing Address PO Box 1978

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Denver | CO | 80201 |

Purpose of Disbursement
Contribution

011

Candidate Name

Common Sense ColoradoCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 18 | | 2013 |

Transaction ID : 35902814

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Austin | TX | 78711 |

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John CornynCategory/
Type

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | |
|-------------------|--|
| Disbursement For: | 2014 |
| | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: TX District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 18 | | 2013 |

Transaction ID : 35902818

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center Drive

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Eden Prairie | MN | 55344 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Erik PaulsenCategory/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | |
|-------------------|--|
| Disbursement For: | 2014 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: MN District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 18 | | 2013 |

Transaction ID : 35902821

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 12500.00 |
|----------|

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 84

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Mailing Address 700 13th Street NW, Suite 600

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20005 |

Purpose of Disbursement
Contribution

Candidate Name

AMERIPAC: The Fund for a Greater AmericaOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 20 | / | 2013 |

Transaction ID : 35915090

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Cincinnati | OH | 45244-2768 |

Purpose of Disbursement
Contribution

Candidate Name

Promoting Our Republican Team PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2013 |

Transaction ID : 35924371

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. HellerHighWater PAC

Mailing Address PO Box 370672

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Las Vegas | NV | 89137 |

Purpose of Disbursement
Contribution

Candidate Name

HellerHighWater PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2013 |

Transaction ID : 35928851

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|----------|
| 12500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 84

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

| | | |
|---------------------|-------------|------------------------|
| City Bakersfield | State CA | Zip Code 93389-2667 |
|---------------------|-------------|------------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2013 |

Transaction ID : 35928861

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

| | | |
|-------------------|-------------|------------------------|
| City Jefferson | State LA | Zip Code 70183-3219 |
|-------------------|-------------|------------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve ScaliseOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2013 |

Transaction ID : 35928862

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE, 2nd Floor

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20003 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2013 |

Transaction ID : 35928863

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 17000.00 |
|----------|

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 84

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 28 | | 2013 |

Mailing Address 425 Second Street NE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement
Contribution

011

Transaction ID : 35928864

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Candidate Name

National Republican Senatorial CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Contribution

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

89500.00